



Circles of learning

Education Health Environment Community Creativity

Attention Deficit Disorder

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An almost fanatical sugar addiction and aversion to fresh salads and vegetables are only some of the symptoms of ADD - the hidden handicap affecting one in twenty children. As parents, you can help yourself and child by prescribing the right diet.

Brent was nine years old – a thin, sallow-looking boy with dark rings under his eyes. Periodically, he'd sniff nosily and rub the back of his hand across his nose. He wouldn't touch vegetables at all. Two or three times a week he'd reluctantly eat a banana – no other fruits.

Yet Brent loved sugary breakfast cereals. He'd even been known to lock himself inside the family car so that he could gorge on the dry contents of a cereal packet without interruption. Brent was noted for his tendency to slam a fist into his siblings whenever he passed them by.

Debbie was six years old. She was a two-legged wrecking device. Nothing and no one could keep her from spinning round a room, pulling everything down and creating mayhem. She didn't seem to need much sleep – although her family would have given their eye teeth for one peaceful, undisturbed night. Debbie never ate vegetables, part from the odd spoonful of mashed potato. When words like carrot, tomato and celery were mentioned she made loud, theatrical gagging noises. She hated fruit. The only way you could keep on the right side of Debbie was to give her unlimited chocolate ice-cream and plenty of toast and jam.

David was eight years old. He was a pallid little fellow with a woebegone expression on his face. He had no interest in anything going on around him. If allowed to, he'd sit quietly for hours on end, slurping a heavy catarrhal discharge back up his nose and scratching his arms, which were covered in a bran-like rash.

David lived on Paddle Pops. He was also very fond of instant breakfast cereals, the sweeter the better, and never turned down lollies or chocolate. At rare intervals he'd eat some peas or pumpkin. Fruit didn't turn him on at all. He much preferred anything sweet and icy on a stick. "I realise that they're not good for him," his mother told me apologetically, "but I'd rather he had a full stomach than nothing at all."

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Lindsay was nearly seven and quite unable to cope with either schoolwork or his fellow schoolmates. He loved to scrawl four-letter words on any schoolbag within his reach. One day Lindsay visited his doting grandmother who knew that he was a sugarholic so she hid her jar of white sugar cubes in an inaccessible kitchen cupboard.

A fixed look came into Lindsay's eyes and he started sniffing the air loudly like a dog searching for a fox. He got down on hands and knees then suddenly dived inside a cupboard and emerged, radiant, with the jar of sugar cubes – which he immediately attacked with glee. His grandmother watched with disbelief. "If I hadn't seen it with my own eyes," she said in a daze, "I would never have believed it. That child actually smelled out the sugar like a bloodhound."

You may be reading these anecdotes with a healthy dose of scepticism. I assure you each one is true. Unfortunately, I see and hear each incident mirrored, again and again, whenever distraught parents come to me at the end of their tether, with children diagnosed as attention-deficit-disorder kids.

ADD CHARACTERISTICS

I was prompted to write this article by the consistent strands of similarity that bind these ADD children together. Over the last year alone, I've had more than three dozen youngsters brought to me, variously diagnosed as suffering from attention deficit disorder, hyperactivity, learning disability and even autism.

I've been struck by the fact that, no matter what age, there's constant repetition in varying permutations of the following factors:

- Sugar or carbohydrate craving.
- An aversion to fresh salads, vegetables and even many fruits.
- Heavy metal overload – especially of lead, copper, and mercury and also phosphorous overload.
- Multiple parasite infestation.
- Chemical sensitivity and/or toxicity.
- Mycoses (diseases associated with fungi).
- Pathological, viral and bacterial burdens.
- Mineral and electrolyte imbalances.
- Dysbiosis (depletion of friendly bowel flora).
- Inherited genetic traits, e.g., schizophrenia.
- Imbalances in endocrine and digestive secretions.
- Inhalant and food sensitivities.
- Emotional problems stemming from parental divorce or separation, difficulties at school, peer domination, family personality conflicts, competitive pressures, etc.

SOME RECENT NEWS – Editor

An American psychiatrist, well-known for his work on student behaviour, Dr William Glasser, stated recently a belief that very few children diagnosed with suspected ADD actually have ADD, in which the brain is affected.

He says he would never use medication and sees its use for ADD as a “big money-making scheme”.

His views are backed to some extent by the National Health and Medical Research Council. An April 1996 draft NHMRC report on ADHD (Attention Deficit Hyperactivity Disorder) raises concerns about the use of powerful mind-altering drugs for children, including those used for ADHD, and says that these can cause serious side effects.

While diet is of major importance, other treatments, such as homeopathy, chiropractic and kinesiology may play a part in overcoming ADD (or ADHD).

ADD PARENTS

The parents of these children also seem to fall into fairly clear-out categories:

Group 1 Parents

First, there are the parents who worry over their difficult child and who are willing to do anything which may help bring about improvement. These parents almost always resent the fact that their child has been placed on what was formerly known as a “Class B narcotic” drug.

Group 2 Parents

Second, there are the parents who care but find the whole thing too difficult to come to grips with. They worry that their child is taking a psychoactive drug and they fret about the possibility of unknown side-effects yet, at the same time, are quietly relieved to see its taming effect.

Group 3 Parents

The third class of parent is very different. The mother is frequently anything from overweight to obese and has multiple health problems of her own. Because she feels generally below par, and often has to cope with several children, it's too much effort for her to become involved with the ups-and-downs of one child, and she's quite happy to dole out any medications that will stop “the little pest” from disrupting school and family life. The husband in this scenario rarely involves himself, spending the great portion of his life at work, golf or the pub.

The attitude to advice given also varies markedly between these three divisions. The first group almost always gets involved as a whole family. They decide to follow the same nutritional advice, thus making it easier on mum as food organiser, and lessening the chance that the affected child will see himself as “different” from everyone else. They appeal to the child's intelligence, give clear explanations for all dietary changes and both parents supply plenty of encouraging cuddles.

The second group also tries to work things out as a family, but the parents are more ready to give up if there is a stubborn lack of co-operation from the ADD-diagnosed child. They sometimes try bribery – “We’ll buy you something special if you’re good for two months,” etc.

The third group, at best, makes a very half-hearted attempt to improve the situation. Soon, however – often within a more few days – they give up trying. “The other kids and my husband have no intention of giving up their chocolate and pizzas,” says the frazzled mother, “and it only starts a tantrum or storm of tears. I can’t cope with all the drama. It’s easier to stuff the pills down his neck.”

MEDICATION AS A TREATMENT FOR ADD

To date, Ritalin is the almost universally prescribed drug for ADD children. According to MIMS (a pharmaceutical information and preference guide): “Ritalin has an action pharmacologically intermediate between caffeine and the amphetamines... “The safe use of this drug in infancy has not been established, therefore the benefits must be weighted against the potential hazards...”

Clinical experience has shown, to my own and to many a happy parent’s satisfaction, that a normal developmental pattern gradually supervenes when:

- sound eating habits are encouraged;
- all parasitic and fungal burdens are eliminated;
- noxious and deleterious elements are removed;
- physiological and biochemical homeostasis is restored;
- immune deficiencies are rectified;
- digestive integrity is revived and
- genetic predisposition are recognised and supported.

CHANGE IN DIET

Dr Ben Feingold was the first enlightened medical practitioner to point out that antisocial and hyperactive behaviour could result from chemical food additives. His recommendation to shun processed foods in favour of natural, fresh foods is just as valid today. Many parents have related their own experiences to me in this regard. Easter time seems to be the worst – there’s nothing like a glut of praline-filled chocolate eggs and bunnies to turn a normal, well-behaved child into a deaf-eared dynamo.

There has been increasing awareness over the past fifty years that hypersensitivity to various foods and food additives affects the human nervous system. Dr William

Crook, a leading paediatrician and allergy specialist, claims that approximately three-quarters of his small patients' behavioural disorders can be directly attributed to food sensitivity. He cites milk and refined cane sugar as the leading offenders, and also includes citrus, soy products, eggs, corn and wheat among others.

In 1978 the West German Ministry of Health organised a research program to find out why the nation's children and teenagers were being increasingly badly behaved – aggressive, impulsive and hyperkinetic – with an upsurge in learning disorders. The study found that ingestion of phosphates had an instant effect on a child's behaviour. Phosphates are added to many commercial foods such as evaporated milk, soft drinks, jellies, frozen dairy products, soft cheeses and lollies. As a result, the University of Mainz recommends that unruly, learning-impaired and hyperactive children should be fed a diet low in added phosphates.

In responses to Dr Feingold's work, country probation departments in a number of American states decided to alter the eating habits of juvenile offenders. In co-operation with disciplinary institutions and schools, sweetened, processed, denatured and additive-laden foods were discarded in favour of a low-sugar, fresh food program. One of the local newspapers quoted the following comment by the County's Chief Probation Officer. "In the past two years, a remarkable difference has been observed in the behaviour of inmates in T... County Juvenile Hall."

Over 400 years ago, Paracelsus said: "All things are poisons, for there is nothing without poisonous qualities. It is only the dose which makes a thing poisonous." Even though phosphorus occurs naturally in brown rice, nuts, red meat, peas and most other foods, an overload of added sodium phosphate, phosphorus insecticide residues or phosphoric acid can make a child incapable of drawing simple, basic structures, sitting still or concentrating.

Here is a quote from one of my Group 1 mums: "Tania's been going great for three days. The kid's only had vegetables and fruit. Now we are mixing 70 to 30 percent [referring to the inclusion of proteins and carbohydrates]. Tania's teacher said that after three days at school she has already seen an improvement. Wow!"

So, for Group 1 parents – and even, hopefully, a fair proportion of Group 2 families – instead of feeling helpless and frustrated, why not try giving your ADD-diagnosed offspring a fighting chance to develop his or her full potential? Not only will the affected child benefit greatly, but your own personal satisfaction, pride and pleasure in his/her rehabilitation will repay you one hundred-fold for the extra effort you'll be putting in.

Don't rub your child up the wrong way by giving the impression that you're taking over his life.

Sit down together as a family, and discuss the fact that all of you are going to spend the next two months eating in a truly healthy way. It's surprising how many children

are willing to participate if approached in a loving, reasonable, non-threatening and non-bullying manner.

Treat your child with courtesy and respect him as an individual. If he behaves badly, correct him and guide him without implying censure.

The children in Group 3 families are often scolded or browbeaten. As a result, they can build up a resentful attitude and may look for an opportunity to disobey further.

If your child displays any of these behavioural patterns to an abnormal extent: can't concentrate at school and day-dreams in class; is exceptionally hyperactive; is slow and withdrawn and uncommunicative; interrupts conversation and disrupts situations constantly; has poor memory and a short attention span; fidgets incessantly shows off, boasts and generally acts in a vainglorious fashion throws temper tantrums at the slightest provocation, then find yourself an experienced practitioner and request a thorough assessment of all the factors mentioned above, in conjunction with a 2-month trial of the following meal plan:

TWO-MONTH EATING PLAN

Each day:

- 1) Serve one meal composed entirely of fresh, raw fruits – as many as the child wants.
- 2) Serve one meal composed of a 75 percent content of any fresh vegetables, e.g. peas, carrots, pureed spinach, cauliflower, zucchini, etc., plus a 25 percent serve of either a carbohydrate or a protein food (see list at end for details).
- 3) Serve one meal composed of a 75 percent content of as many fresh, raw, diverse garden vegetables as the child can be persuaded to eat, plus a 25 percent serve of either a protein or carbohydrate food – which ever was not served previously.
- 4) Make sure that only one carbohydrate and one protein meal is served per day.
- 5) Fruit may be eaten in any quantity, but only:
 - (a) as a meal on its own;
 - (b) as an entrée;
 - (c) between meals.
- 6) Drinks: fresh unflavoured spring water (still or sparkling); hot or cold herb teas; homemade vegetable and fruit juices. (No commercial juices, tea, coffee, milk shakes, cola drinks, soft drinks or cordials).
- 7) Temporarily avoid all processed foods. If it's in a can, tin, packet, tub, jar or sachet, don't use it. If it was grown on a tree or bush or came out of the ground, go for it.
- 8) All herbs and spices may be used for seasoning. Also vegetable seasonings such as Vecon, Bernard Jensen's, Lelord Kordell's, etc.
- 9) Bear in mind that your child is not on a diet. Within the above parameters, he or she can eat to their utter satisfaction and satiety.

Protein foods include soya beans (if not allergic), tofu, azuki beans, nuts (grind for small children), sunflower seeds, etc. ADD children often do even better if they are persuaded to avoid animal products completely.

Some of our most outstanding results have been with children whose diets are vegetarian. Interestingly, I find that members of Seventh Day Adventist families invariably respond more quickly to treatment, no matter what the problem is.

Carbohydrate foods include: potato, pumpkin, sweet potato, legumes such as dried beans, peas, chickpeas, lentils, etc., pumpernickel bread, brown rice and other unrefined whole grains, etc.

CHILDREN REWARDED BY OWN PROGRESS

If children won't listen to reason and co-operate, you can't nail their feet to the floor and force feed them. That's why a concerted family attempt needs to be made to pave the way and gain their confidence and willing assent to give the two-month trial a fair go.

Many a child has been so delighted with his/her own progress, their class achievements and the praise heaped on them by other ecstatic family members – not to mention the increase in peer friendships and acceptance – that they decide for themselves to maintain close adherence to the nutritious path that changed their lives.

I'll never forget the serious four-year-old who told his mother: "Since I've been off Dr Cutter's diet, I don't feel so well any more. I want to eat her way again."

Two of the most desirable goals while we live must surely be to fly through life on the wings of wellbeing and to be loved by those that we love.

Doesn't your 'different' child deserve their chance?